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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/813,351	03/19/2001	Sidney T. Smith	CRTS-5679 (1417A P 450)	3473

7590 10/28/2008  
Baxter Healthcare Corporation  
Corporate Research & Technical Services  
One Baxter Parkway DF3-3E  
Deerfield, IL 60015

EXAMINER
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PASCUA, JES F

ART UNIT	PAPER NUMBER
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3782

MAIL DATE	DELIVERY MODE
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10/28/2008

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.




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**Board of Patent Appeals and Interferences**

BAXTER HEALTHCARE  
CORPORATION  
CORPORATE RESEARCH &  
TECHNICAL SERVICES  
ONE BAXTER PARKWAY DF3-3E  
DEERFIELD, IL 60015

Appeal No: 2007-3791  
Appellant: Sidney T. Smith et al.  
Application No: 09/813,351  
Hearing Room: B  
Hearing Docket: A  
Hearing Date: Thursday, December 11, 2008  
Hearing Time: 01:00 PM  
Location: Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

**The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.**

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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**CHECK ONE:** ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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